

(staple inside file in blue strip area)

2700 INTERNAL TRANSFER REQUEST FOR S.N.

9/812,812

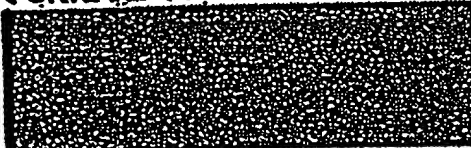
| | |
|--|--|
| DATE: 8-22 | FROM: Tost (print name) |
| FORWARD TO: A. Art Unit: 2131 B. Class: 380 C Subclass: | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input checked="" type="checkbox"/> (check box) D. See Claim(s): <input checked="" type="checkbox"/> |

FURTHER EXPLANATION IF NEEDED:

Winkis / Biometric Identification - No Cell Network

| | |
|---|---|
| DATE: | FROM: (print name) |
| FORWARD TO: A. Art Unit: B. Class: C Subclass: | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): |

FURTHER EXPLANATION IF NEEDED:

| | |
|--|---|
| DATE: | FROM: (print name) |
| FORWARD TO CLASSIFIER  | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): |

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

| | |
|---|---|
| DATE: | CLASSIFIER: |
| FORWARD TO: A. Art Unit: B. Class: C Subclass: | REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): |

FURTHER EXPLANATION IF NEEDED:

Best Available Copy